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Assignee Name and Address: NOVARTIS ANIMAL HEALTH US, INC. 3200 Northline Avenue, Suite 300 Greensboro, NC 27408				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.				
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature	MOREKOS		Date	3/4/27
Name	Michael Kelly		Telepho	ne 336-387-1008
Title	Chief Financial Officer		·	

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